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CONFIRMATION NO. 3900

<b>SERIAL NUMBER</b> 10/787,018	<b>FILING OR 371(c) DATE</b> 02/24/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> 019934-000723US
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/721,495 11/21/2000 PAT 6,835,547  
 which is a CON of 09/686,019 10/10/2000 ABN  
 which claims benefit of 60/159,015 10/12/1999  
 and claims benefit of 60/159,210 10/13/1999  
 and claims benefit of 60/172,979 12/20/1999  
 and claims benefit of 60/173,388 12/28/1999  
 and claims benefit of 60/186,626 03/03/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*****\*\* 04/22/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 4	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

20350

**TITLE**

Chemokine receptor

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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